

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014717 (9)

1. Corporation Name

D & B NOVELTY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

9001 SW 94 ST
#103
MIAMI FL 33176

9001 SW 94 ST
#103
MIAMI FL 33176

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 18206 SW 29 ST.

26 18206 SW 29 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33029

25 USA

29 33029

30 USA

4. FEI Number

65-0563204

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SCHWARTZ, DAREN A
9001 SW 94 ST
#103
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name Schwartz, Daren A.
82 Street Address (P.O. Box Number is Not Acceptable)
18206 SW 29 ST.
83
84 City Miami

FL

85 Zip Code 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE D
NAME SCHWARTZ, DAREN A
STREET ADDRESS 9001 SW 94 ST #103
CITY-ST-ZIP MIAMI FL 33176

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE D, P, S, T
1.2 NAME Schwartz, Daren A.
1.3 STREET ADDRESS 18206 SW 29 street
1.4 CITY-ST-ZIP Miami, FL 33029

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (305) 669-0006

CR2E034 (12/95)